POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*tr*	684	10/12/0
O.I.P.E. CLASSIFIER	*(signature)*	3r	10/19
FORMALITY REVIEW	*(signature)*	JC 873	11-08-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Best Available Copy

Claim		Date
Final	Original	3/12/0
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If more than 150 claims or 10 actions
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